

Jim Doyle
Governor

Helene Nelson
Secretary



State of Wisconsin

Department of Health and Family Services

DIVISION OF HEALTH CARE FINANCING
WISCONSIN MEDICAID AND BADGERCARE
RECIPIENT SERVICES
6406 BRIDGE ROAD
MADISON WI 53784
Telephone: 800-362-3002
TTY: 800-362-3002
FAX: 608-221-8815
www.dhfs.state.wi.us/medicaid
www.dhfs.state.wi.us/badgercare

Dear Wisconsin Medicaid Recipient:

Wisconsin Medicaid covers SMV transportation for recipients with a documented physical or mental disability that prevents them from traveling safely in a common carrier or private motor vehicle to Medicaid-covered services. Recipients who are able to safely travel by common carrier should contact their county/tribal social or human services department.

Please give this letter and the Certification of Need for Specialized Medical Vehicle Transportation form to your physician, physician assistant, nurse practitioner, or nurse midwife to be completed and signed as soon as possible. In order to receive SMV services, you will need a completed and signed form. After the form is completed and signed, return it to your SMV provider.

State law requires that the Certification of Need for Specialized Medical Vehicle Transportation forms be renewed upon expiration. Wisconsin Medicaid will not be able to pay your SMV provider for your SMV services without this current Certification of Need for Specialized Medical Vehicle Transportation form.

Thank you for your cooperation.